

# Summer Camp Program 2016

## \*APPLICATION FOR SPECIAL NEEDS REQUEST\*

The information on this form is confidential and will be used to assist in planning for staff and activities or to make reasonable accommodations for your child. We strongly encourage you to accurately complete and return this form by the at least one week prior to the start of the program. Please return to the Sherwood Community Center, located at 3740 Old Lee Highway Fairfax, VA 22030.

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please circle the camp which your child to attends:*

**SUNSHINE KIDZ (PROV.)**

**DANIELS RUN**

**SUNSHINE KIDZ (DR)**

**LANIER**

**PROVIDENCE**

**TEEN ADVENTURE**

Child Will Start Program Date of: \_\_\_\_\_

**THIS IS NOT A REGISTRATION FORM. You must formally register for Summer Day Camp Program at the Parks and Recreation Department to enable your child to participate.**

**RELEASE OF INFORMATION: I give permission for the City of Fairfax Parks and Recreation Department and Fairfax County Board of Education to share information regarding my child and his/her needs as related to his/her participation in this program.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

ALL SPECIAL REQUESTS ARE SUBJECT TO APPROVAL

FOR OFFICE USE ONLY

Approved accommodations (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check off the following items that apply to your child.**

**Behaviors**

- ☐ Off-task behaviors, distractibility, short attention span
- ☐ Makes inappropriate noises
- ☐ Excitable, impulsive, lacking self-control
- ☐ Restless, squirmy, high activity level
- ☐ Aggressive, disturbs other children
- ☐ Low frustration tolerance
- ☐ Temper outbursts, unpredictable behavior
- ☐ Sudden or extreme mood changes
- ☐ Frequent physical complaints (headaches, stomach), frequent requests to visit the nurse/on site care giver
- ☐ Denies mistakes, blames others
- ☐ Does not get along well with other children
- ☐ Unable to share; dominates or controls the participation of others
- ☐ Unable to follow directions, written or verbal, related to academic tasks
- ☐ Takes things that belong to others
- ☐ Other: \_\_\_\_\_

**SENSORY**

**Hearing**

- ☐ Child talks very loudly
- ☐ Child talks very softly
- ☐ Child does not respond when called
- ☐ Often says "Huh?"
- ☐ Other: \_\_\_\_\_

**Vision**

- ☐ Covers an eye while reading or writing
- ☐ Holds head close to book or paper
- ☐ Other: \_\_\_\_\_

**Motor**

- ☐ Fine motor skills need improvement
- ☐ Gross motor skills need improvement
- ☐ Falls easily, even out of seat
- ☐ Awkward body movements; leans forward while walking; awkward gait
- ☐ Is not toilet trained
- ☐ Other: \_\_\_\_\_

**Auditory**

- ☐ Unable to follow oral directions
- ☐ Expresses needs by sign language

Please feel free to attach any additional information you feel would help us better serve your child's needs.